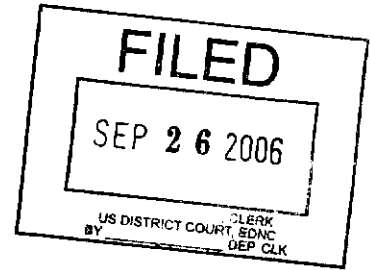


UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
WESTERN DIVISION



No. 5:06-CT-3095  
(Leave this space blank)

Larry J. Powell  
P.O. Box 222, Tillery, NC 27887  
(Enter full name of each plaintiff(s))

v. Inmate Number 0328764

John B. Powell-Jr. MD  
911 Julian Allsbrook Hwy.  
Weldon, N.C. 27890  
(Enter full name of each defendant(s))

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I. HAVE YOU BEGUN OTHER LAWSUITS IN FEDERAL COURT DEALING WITH  
THE SAME FACTS INVOLVED IN THIS ACTION? Yes ( ) No (☒)

If your answer is Yes, describe the former lawsuit in the space provided below:

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II. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT TO THE  
STATE INMATE GRIEVANCE PROCEDURE? Yes ( ) No (☒)

If your answer is Yes, what steps did you take? Reason because this injury

2

took place while I was not incarcerated, and I do  
have all documents of Motions filed, Affidavit, statements,  
and ect. from Halifax Co. Court

What was the result? (Attach copies of grievances or other supporting documentation.)

The judge dismissed my claim and justice was not  
served. I am adding Judges Order - ect. Please make  
copies and forward original copies back to me. Thank You

#### VERIFIED STATEMENT

I have been advised of the requirements regarding exhaustion of administrative remedies and now submit this verified statement. (Choose the box that applies to your action.)

☐ There are no grievance procedures at the correctional facility at which I am being confined.

☒ This cause of action arose at DDS, Powell Dental Center, and I am now being housed at Tillery Correctional Center. Therefore, I do not believe I have administrative remedies relating to this complaint at this time.

☐ I have exhausted my administrative remedies relating to this complaint and have attached copies of my grievances demonstrating completions.

**III. PARTIES — In Item A below, place your name in the first blank and your present address in the second blank. Do the same for all additional plaintiffs. NOTE: ALL plaintiffs listed in the caption on the first page should be listed in this section.**

A. Name of plaintiff Harry S. Powell

Name and address of present confinement facility Tillery Correctional Center  
P.O. Box 222, Tillery, NC 27887

Name of plaintiff Harry S. Powell

Name and address of present confinement facility Tillery Correctional Center  
P.O. Box 222, Tillery, NC 27887

In Item B below, place the full name of defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C through F for any additional defendants. **NOTE: ALL defendants listed in the caption on the first page should be listed in this section.**

B. Defendant John R. Powell Sr MD  
Position Medical Doctor  
Employed at DDS. Powell Dental Center  
Address 911 Julian Allsbrook Hwy, Weldon, NC, 27890  
Capacity in which defendant is being sued: Individual (☒) Official ( ) Both ( )

C. Defendant \_\_\_\_\_  
Position \_\_\_\_\_  
Employed at \_\_\_\_\_  
Address \_\_\_\_\_  
Capacity in which defendant is being sued: Individual ( ) Official ( ) Both ( )

D. Defendant \_\_\_\_\_  
Position \_\_\_\_\_  
Employed at \_\_\_\_\_  
Address \_\_\_\_\_  
Capacity in which defendant is being sued: Individual ( ) Official ( ) Both ( )

E. Defendant \_\_\_\_\_  
Position \_\_\_\_\_  
Employed at \_\_\_\_\_  
Address \_\_\_\_\_  
Capacity in which defendant is being sued: Individual ( ) Official ( ) Both ( )

F. Defendant \_\_\_\_\_  
Position \_\_\_\_\_  
Employed at \_\_\_\_\_  
Address \_\_\_\_\_

Capacity in which defendant is being sued: Individual (☒) Official ( ) Both ( )

IV. **STATEMENT OF CLAIM** — State here as briefly as possible the *FACTS* of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. **DO NOT GIVE ANY LEGAL CITATIONS OR ANY LEGAL ARGUMENTS OR CITE ANY STATUTES.** If you wish to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as needed. Attach extra sheets if necessary.

On or about 08-22-00, I had an appointment at Dr. Powell's office to get (2) two teeth pulled. Dr. Powell while pulling my two teeth said all your teeth need to come out. I shook my head and raised my hand and put up two fingers. Dr. Powell went ahead and pulled all of my teeth without my consent. Dr. Powell then stated after pulling all my teeth that it does not matter your medicare card will pay for it. Dr. Powell gross negligent caused me serious danger because when I went home, I could not even open my mouth because Dr. Powell stitched my lower jaw together with the upper jaw. The bleeding would not stop. My wife called back to Dr. Powell and told him that I was bleeding very heavily and was in great pain and I was crying and jumping all around.

See Civil Action:  
File No: 03 Cks 1026

V. **RELIEF SOUGHT BY PRISONER** — State briefly exactly what you want the Court to do for you. **MAKE NO LEGAL ARGUMENTS. DO NOT CITE CASES OR STATUTES.**

I want justice brought to me because I was treated very unfair by this Doctor. Powell. I want this court to also appoint me an attorney to represent me on my claim because I feel that by ~~not~~ <sup>me not</sup> having an attorney when I went to court that is the reason why I lost in Superior Court. I would like for this court to help me over come the time frame if held against me because of my lack of knowledge w/ the law and this type of claim. I am Indigent could I pay a Precentive Indigent sheet from Facility

Signed this 14 day of Sept, 2006.

Harry J. Powell  
Signature of Plaintiff

\_\_\_\_\_  
Signature of Other Plaintiff (if necessary)

**I declare under penalty of perjury that the foregoing is true and correct.**

09-14-06  
Date

Harry J. Powell  
Signature of Plaintiff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Plaintiff (if necessary)